

NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE
MAY 13 7 54 AM '66

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OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator TEXAS PACIFIC OIL COMPANY 3. Address of Operator P.O. Box 1069 - Hobbs, New Mexico 4. Location of Well UNIT LETTER N , 660 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 7 TOWNSHIP 22-S RANGE 36-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3591' GL	7. Unit Agreement Name 8. Farm or Lease Name State "A" A/c-2 9. Well No. 22 10. Field and Pool, or Wildcat South Eunice 12. County Lea
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16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER TEMPORARILY ABANDONED <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

HELD FOR POSSIBLE REMEDIAL WORK AND SECONDARY RECOVERY.

THIS DIVISION MUST BE NOTIFIED
OF THIS OR FORM C-103
WELL STATUS BY 3:00 PM
FOR THIS WELL

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Original signed by: Sheldon Ward TITLE Area Superintendent DATE 5-10-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: